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VIEWS & REVIEWS

NO HOLDS BARRED

Jeremy Hunt's bizarre ideas show that he doesn't understand general practice

Margaret McCartney *general practitioner, Glasgow*

Name and shame; guilt and blame. The tools of Jeremy Hunt's Department of Health are striking in their medieval glory. Hunt's recent *Daily Mail* interview, on policy that his press office tells me is not yet official, revealed his plans that "family doctors found to be dismissing cancer symptoms as something less serious will be identified with a 'red flag' on an NHS website."[1]

However—whoopee!—"surgeries will be ranked 'green' for cancer on the NHS choices website if they quickly refer patients to hospital when they show possible signs of cancer. But if they miss too many cancer cases—or if patients have to return numerous times before being sent for tests—they will be classed as 'red.'"

This is what we have to contend with, colleagues: a health secretary who thinks that coloured labels on websites will miraculously resolve issues of clinical uncertainty, the troubles of diagnosing rare conditions, or, most potent of all, the underfunding of the NHS that means the average wait for a routine outpatient appointment is four and a half months.[2]

Firstly, this is some way to announce policy to GPs, who are busy beyond belief and whose morale is already sinking. Reading about your future public flogging is no way to promote care and compassion in the workplace.

Secondly, the play of unintended consequences may be news to Hunt, but it is working practice to doctors. Name me a symptom that could absolutely never represent cancer; if GPs simply started referring all patients to hospital at their first appointment we could easily reduce the NHS, in one working day, to an overload of well patients—and do the sick an increasing disservice. But we at least would get a green star. Hunt's policy is incompatible with the use of time to diagnose or the judicious use of tests in primary care for people with symptoms.

Thirdly, the red flags simply don't distinguish between what signals a serious underlying cancer and what does not.[3] It would be far more rational to get rid of the two week wait, make outpatients wait a bit longer—but far less than 18 weeks—and allow phone calls between GPs and consultants to discuss patients' urgent needs.

Fear is a bad way to try to motivate a public service; adding humiliation to that is a nasty and evidence-free way to hope for improvement, especially with the existing funding deficit. A failure to understand what GPs do and the uncertainties with which we operate simply makes our work harder.

Scrutiny is often very good; transparency should be the norm. Auditing how new diagnoses are made can be useful. But none of this means that Hunt's bizarre, thought-up-in-the-bath ideas should be allowed anywhere near patients.

Competing interests: I have read and understood the BMJ policy on declaration of interests and declare the following interests: I'm an NHS GP partner, with income partly dependent on QOF points. I'm a part time undergraduate tutor at the University of Glasgow. I've written a book and earned from broadcast and written freelance journalism. I'm an unpaid patron of Healthwatch. I make a monthly donation to Keep Our NHS Public. I'm a member of Medact. I'm occasionally paid for time, travel, and accommodation to give talks or have locum fees paid to allow me to give talks but never for any drug or public relations company. I was elected to the national council of the Royal College of General Practitioners in 2013.

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1 Adams S. Exclusive: GPs who fail to spot cancer to be named and shamed as Jeremy Hunt tells Mail on Sunday about radical new policy to crack down on doctors who miss vital diagnosis. *Daily Mail* 29 June 2014. http://dailym.ai/1ok9pOQ.
2 NHS Choices. Guide to NHS waiting times. www.nhs.uk/choiceintheNHS/Rightsandpledges/Waitingtimes/Pages/Guide%20to%20waiting%20times.aspx.
3 Jones R, Latinovic R, Charlton J, Gulliford MC. Alarm symptoms in early diagnosis of cancer in primary care: cohort study using General Practice Research Database. *BMJ* 2007;334:1040.

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margaret@margaretmccartney.com